

Appendix A SAMPLE LEAD REPORTING FORM

State of California - Health and Welfare Agency

Department of Health Services

LEAD REPORTING FORM

Type or print clearly, completing all questions below. Laboratory: Use separate card for each sample analyzed.				Race: <input type="checkbox"/> White	
Patient Name Last First M.I.				Phone no. where patient can be reached	
Patient Address Street				Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth M D Y
City		County	State	Zip Code	Social Security No.
Employer at time of Exposure				Phone No.	Occupation
Street		City	State	Zip Code	Industry
Sample Source (Check One)		Name			DOHS Use Only
<input type="checkbox"/> Lab		Address Street			Date Received
<input type="checkbox"/> Physician		City			Patient No.
<input type="checkbox"/> Employer		State			Employer Code
<input type="checkbox"/> Hospital		Zip Code			Occupational Code
Physician Requesting Test (if different from source) Name				State	Phone No.
Testing Lab Name				Date Sample Taken	Date Sample Rec'd.
Type of Specimen		Lead	EP by Extraction	EP by Hematofluorometer	Hematocrit
Blood		ug/dL			
Urine					
This report being completed by: <input type="checkbox"/> Lab <input type="checkbox"/> Empl <input type="checkbox"/> Phys <input type="checkbox"/> Hosp. <input type="checkbox"/> Check here if you need more report forms					

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See Reverse for Distribution